

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34136

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1090

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 420 South 15th St. Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two months  
(Specify whether  
In this community Twenty-five years  
years, months or days)

3. (a) PRINT

FULL NAME Samuel Smith DeMetz

3. (b) If veteran,

name war None

3. (c) Social Security

No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. 2 divorced. Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased February 18, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 6 18 hr. min.

9. Birthplace Bellfont, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher for Basket Stores

11. Industry or business

12. Name Francis M. DeMetz  
13. Birthplace Veitz Saxton, Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Lavine M. Horn  
15. Birthplace Somerset County, Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Homer DeMetz  
(b) Address 3136-9th St., Bolder, Colo.

17. (a) Burial (b) Date thereof Sept. 4, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Kansas

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden

(b) Address 602 South 10th Street

19. (a) 9-3-43 (b) Rae Heigoy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 420 So. 15th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd  
year 1943 hour 11:30 minute noon M.

21. I hereby certify that I attended the deceased from 20th 1943 to Sept 3rd 1943  
that I last saw him alive on Aug 3rd 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver  
Due to Cancer of rectum  
metastatic to liver  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Rae Beth (M. D. or other)  
Address 414 1/2 E. 10th St. St. Joseph, Mo Date signed 9/9/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1233

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Mollie E. Sidenfaden*

Licensed Embalmer No.

*4235*

P. O. Address

*St. Joseph, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**